

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

09/937452 9-07-04

9/10/04 CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/		/	
2		/		/		/
3		/		/		/
4		3		3		—
5		0		1		—
6		0		1		—
7		0		1		1
8		0		1		1
9		0		1		1
10		0		1		1
11		0		1		1
12		0		1		1
13		0		1		1
14		0		1		1
15		0		1		1
16		0		1		1
17		0		1		1
18		0		1		1
19		0		1		—
20		0		1		—
21		0		1		—
22		0		1		—
23		0		1		—
24		0		1		—
25		0		1		—
26		0		1		—
27		0		1		—
28		0		1		—
29		0		1		—
30		0		1		—
31		0		1		—
32		0		1		—
33		0		1		—
34		0		1		—
35		0		1		—
36		0		1		—
37		0		1		—
38		0		1		—
39		0		1		—
40		3		3		1
41		3		3		—
42		3		3		1
43		/		/		1
44		/		/		1
45	/	/	/	/		1
46		/		/		1
47		/		/		1
48		0		1		1
49	/	/	/	/		1
50						
TOTAL IND.	3	↓	3	↓	4	↓
TOTAL DEP.	53	↓	53	↓	20	↓
TOTAL CLAIMS	56		56		24	

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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96						
97						
98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		↓		↓		↓
TOTAL CLAIMS						

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS